07128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY: Charles — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bryantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	(First) Randolph	(Middle)	(Last) Brown	4. DATE OF DEATH	(Month) 7 (Day) 19 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 1889	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Feed Store	11. BIRTHPLACE (State or foreign country): Mac dorf St Mary Co Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): World War I	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: J. Dwight Burroughs. (Friend)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
434.3 Immediate cause	(a) Cardiac ~~disease~~ accident — type unknown	Minutes
Antecedent cause(s)		
95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac disease — type unknown	Unknown (Several yrs)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased ~~from~~ on July 20, 1950, ~~to~~ ....., ~~19~~ ....., that I ~~last~~ saw the deceased ~~alive~~ on July 20, 1950, and that death occurred ~~at~~ about 9 30 P.m., from the causes and on the date stated above.

SIGNATURE: James L. MacKavanagh, M.D., (Degree or title) Deputy Medical Examiner, ADDRESS: La Plata, Md. DATE SIGNED: 7-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7/22/50	NAME OF CEMETERY OR CREMATORY: St Marys	LOCATION (City, town, or county): Bryantown (State): Md
DATE REC'D BY LOCAL REG.: 7-21-50	REGISTRAR'S SIGNATURE: M. L. Moore	24. FUNERAL DIRECTOR: Hunt & Ryan	ADDRESS:

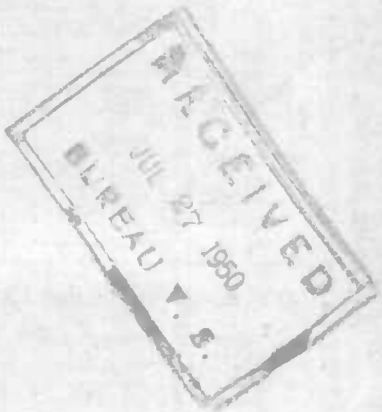
7-25-50 Julia H Posey

98878

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
JUL 27 1950
BUREAU U. S.

TWO certificates received from Drs. Bicknell and Edelen; letter filmed 8-7-50 G127 directs that the DR. EDELEN cer. be retained.
LL (CAC 7-27-50)

07129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Rison — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rison Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Edward (First) Thomas (Middle) Coates (Last)
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Feb 8 1892
9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Attendant
10b. KIND OF BUSINESS OR INDUSTRY: U S Government
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Smith M Coates
14. MOTHER'S MAIDEN NAME: ? Henson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Clarence M Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide (Hanging) — 7-10-50

974 X Antecedent cause(s)

164a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm — (CITY OR TOWN): Rison — (COUNTY): Chas. — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Med Exam's Case, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: C J Edelen — (Degree or title): M.D. — ADDRESS: La Plata — DATE SIGNED: 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/12/50 — NAME OF CEMETERY OR CREMATORY: Durham — LOCATION (City, town, or county): Ironside — (State): Md

DATE REC'D BY LOCAL REG.: 7/11/50 — REGISTRAR'S SIGNATURE: Julia H. Pasey — 24. FUNERAL DIRECTOR: Smith & Gay — ADDRESS: Waldorf Md

98897

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1950
BUREAU W. B.

07130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ 100

M

I

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) [redacted] Cassina (Last) Cooksey

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1950

5. SEX Female

6. COLOR OR RACE [redacted] White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 1886

9. AGE last birthday 64 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Dentsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Watt St. Clair

14. MOTHER'S MAIDEN NAME Emma Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS C.W. Cooksey, Dentsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
592x	Immediate cause	(a) Chronic glomerulonephritis	14 yrs.
131b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	10 minutes
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 1936, to July 13, 1950 that I last saw the deceased alive on July 11, 1950, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Jans L. MacKavanagh, M.D. (Degree or title) ADDRESS La Plata, Md. DATE SIGNED 7-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7/15/50 NAME OF CEMETERY OR CREMATORY M. E. LOCATION (City, town, or county) Dentsville (State) Md

DATE REC'D BY LOCAL REG. 7-14-50 REGISTRAR'S SIGNATURE [signature] 7-18-50 Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

RECEIVED
JUL 20 1950
BUREAU V. S.

M

07131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Faulkner — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Faulkner
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) M. (Last) Cramer

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1950

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH 3-14-1857 — 9. AGE last birthday 93 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwsf. — 10b. KIND OF BUSINESS OR INDUSTRY Self — 11. BIRTHPLACE (State or foreign country) New Phila., Ohio — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George E. Newman — 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Carl Cramer, Faulkner, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 x Immediate cause (a) Ca. Breast & Metastases to

Antecedent cause(s) Liver

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1940, to 7-2, 1950, that I last saw the deceased alive on 7-1, 1950, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen M.D. (Degree or title) — ADDRESS La Plata, Md. — DATE SIGNED 7-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7-5-50 — NAME OF CEMETERY OR CREMATORY Christ Church — LOCATION (City, town, or county) Wayside, Md (State)

DATE REC'D BY LOCAL REG. 7-5-50 — REGISTRAR'S SIGNATURE Julia H. Pacey — 24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. — ADDRESS

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07132

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Davis

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 28, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ref.

11. BIRTHPLACE (State or foreign country): Issue Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hanson Smallwood

14. MOTHER'S MAIDEN NAME: Lina Saintfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mame Fulton, Mt. Victoria, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

331X Antecedent cause(s) (b) Arteriosclerotic Cerebrovascular Disease — 3 years

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1950, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Farran Parker M.D. ADDRESS La Plata, Md DATE SIGNED 7-31-50

23. BURIAL / CREMATION / REMOVAL (Specify): Burial — DATE: Aug. 3, 1950 — NAME OF CEMETERY OR CREMATORY: Dent Ghent — LOCATION (City, town, or county) (State): Issue, Maryland

DATE REC'D BY LOCAL REG. 8/2/50 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR: Hunt + Ryon, Waldorf, Md — ADDRESS

RECEIVED
AUG 7 1950
BUREAU V. S

M

07133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) J. (Last) Farr

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 22, 1872

9. AGE last birthday 78 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant + Postmaster

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) St. Marys Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Farr

14. MOTHER'S MAIDEN NAME Lucretia Edward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Francis E. Farr, Wayside, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	7-16-50
93d	Antecedent cause(s)	(b) Hypertension Heart Disease	7-17-50
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	4-1-46

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1946 to 7-17, 1950, that I last saw the deceased alive on 7-16, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata DATE SIGNED 7-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/19/50
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) (State) Newport, Md

DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Huntt + Ryon, ADDRESS Waldorf, Md

13495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07134

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) Louis (Last) Herd

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-16-47

9. AGE last birthday: 2 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): [redacted] Waldorf, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Herd

14. MOTHER'S MAIDEN NAME: Florence Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Albert Herd, Waldorf, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Burning — Interval Between Onset and Death: Minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Conflagration — Minutes

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Waldorf — (COUNTY): Charles — (STATE): Md

TIME OF INJURY: (Month) 7 (Day) 14 (Year) 1950 (Hour) 4:30 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Kerosene cook stove exploded

22. I hereby certify that I attended the deceased [redacted] on July 14, 1950, to ....., 19....., that I ~~last~~ saw the deceased [redacted] on July 14, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. MacKavanagh, M.D., Deputy Medical Examiner — ADDRESS Bel Alton, Md. — DATE SIGNED 7-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/15/50 — NAME OF CEMETERY OR CREMATORY: St Peters — LOCATION (City, town, or county): Waldorf — (State): Md

DATE REC'D BY LOCAL REG. 7-15-50 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR: Smith & Ryon — ADDRESS: —

RECEIVED
JUL 17 1950
BUREAU U. S.

#3. See Film G127 7/24/50 it marriage record-drivers license ; cause 8-29-50

07135

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Chas MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks Point Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FRANKLIN

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Port COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) James (First) Francis (Middle) Hardesty (Last)
4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 50

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec 17-1900
9. AGE last birthday 49 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Dentsville Md
12. CITIZEN OF WHAT COUNTRY Usa

13. FATHER'S NAME Thomas Hardesty
14. MOTHER'S MAIDEN NAME Lillian Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Myrtle Hardesty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowing (~~Accidental~~) — INTERVAL BETWEEN ONSET AND DEATH 7-9-50

929.8 Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Ac.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River
(CITY OR TOWN) Wicomico River (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-9-50 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell from rowboat while fishing. 8/25/50

22. I hereby certify that I attended the deceased from Med 19 Examiner, to Case, 19, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE C. J. Redelen (Degree or title) M.D. ADDRESS La Plata DATE SIGNED 7-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/12/50
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) New Port (State) Md

DATE REC'D BY LOCAL REG. 7/11/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 13 1950
BUREAU T. S.

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07136

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HUGH (Middle) (Last) Mitchell

4. DATE OF DEATH (Month) 7 - (Day) 29 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 12-28-1882

9. AGE last birthday 67 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Hugh Mitchell

14. MOTHER'S MAIDEN NAME Mary Jenifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Victoria Mitchell, Port Tobacco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3-20-50
443X Antecedent cause(s)	(b) Hypertensive Heart Disease	1948
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 1950, to 7-29, 1950 that I last saw the deceased alive on 7/29, 1950, and that death occurred at 3:00 A.m., from the causes and on the date stated above.

SIGNATURE C. J. Adelsen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 7-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/31/50

NAME OF CEMETERY OR CREMATORY Mt. Rest

LOCATION (City, town, or county) (State) La Plata Md

DATE REC'D BY LOCAL REG. 7/31/50

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf ADDRESS Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

28120

07197

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) M. (Last) Hunter

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/20/1888

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ref.

11. BIRTHPLACE (State or foreign country): St. Marys Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hammett

14. MOTHER'S MAIDEN NAME: Catherine Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Cecelia Boarmon, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca Head of Pancreas — Interval Between Onset and Death: 2-2-50

157X Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2-50, 19..., to 7-25, 19 50, that I last saw the deceased alive on 7-25, 19 50, and that death occurred at 7 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Medlen M.D. — ADDRESS La Plata, Md — DATE SIGNED 7-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7/29/50 — NAME OF CEMETERY OR CREMATORY: Holy Ghost — LOCATION (City, town, or county) (State): Dame, Md

DATE REC'D BY LOCAL REG. 7/28/50 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS: Hamt & Ryon, Waldorf, Md

RECEIVED
AUG 2 1950
BUREAU OF